

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila BUREAU OF VITAL STATISTICS State Index No. 96
District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar No. 88
Town of Globe Local Registrar's No. _____
or _____
City of Globe (No. _____ St. _____ Ward)

FULL NAME OF CHILD Robert L. Butler { Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive ~~NO~~

Sex of Child <u>M.</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Feb. 5 1923</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Julius Ray Butler</u>			Full Maiden Name <u>Dicy May Adams</u>		
Residence <u>Globe, Arizona</u>			Residence <u>Globe, Arizona</u>		
Color or Race <u>White</u> Age at last Birthday <u>24</u> (Years)			Color or Race <u>White</u> Age at last Birthday <u>22</u> (Years)		
Birthplace <u>Pima Arizona</u>			Birthplace <u>Taylor Arizona</u>		
Occupation <u>Rancher</u>			Occupation <u>Housewife</u>		
Number of Child of this mother <u>2</u>		Number of children of this mother now living <u>2</u>		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child, and that it occurred on Feb. 5 1923, at 4³⁰ AM.

{ *When there is no attending physician or midwife, then the householder should make this return. }

(Signature) C. W. Adams

(Attending physician, midwife, householder.)

Given or Christian name added from a _____

Address Globe Ariz

supplemental report _____ 192 _____ Filed 2/10 1923

LOCAL REGISTRAR.

929-205-412 COUNTY REGISTRAR.

Filed 3/2

A True Copy 1923

COUNTY REGISTRAR.